Overcoming Denial and Increasing the Intention to Use Condoms through the Induction of Hypocrisy

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ABSTRACT

Feelings of hypocrisy were induced in college students to increase condom use. Hypocrisy was created by making subjects mindful of their past failure to use condoms and then having them persuade others about the importance of condoms for AIDS prevention. The induction of hypocrisy decreased denial and led to greater intent to improve condom use relative to the control conditions. The implications of these findings for AIDS prevention are discussed. (*Am J Public Health.* 1991;81:1636–1638)

Introduction

Now that the acquired immunodeficiency syndrome (AIDS) epidemic is making significant inroads into the heterosexual, nonintravenous drug–using, young adult population,[1] it is vital that we convince this group to practice safer sex. The intervention of choice, thus far, has primarily been information campaigns that rely heavily on fear. Unfortunately, social psychological research has shown that fear does not always lead people toward rational behavior; it may instead trigger denial. Indeed, recent surveys have shown that, although most young adults believe that AIDS is a serious problem, they have trouble believing it is *their* problem. We have found that denial is caused by fear of AIDS coupled with a prejudice against using condoms; young people believe condoms are a nuisance that diminishes the romance and spontaneity of sexual encounters. Unless this denial can be overcome, it seems doubtful that we can convince this population to practice safer sex. If they have convinced themselves that they are not at risk, why should they change their behavior?

What kind of intervention might obviate this denial and induce young adults to realize their vulnerability and increase their resolution to practice safer sex? Imagine you are a college student and your younger brother, who is in high school, confides to you that he has become sexually active. How might you respond? You would probably urge him to use condoms. But suppose further that you were then reminded that you, yourself, do not always use condoms. How might this affect you? Recent theorizing[2] suggests that being confronted with the fact that you are not practicing what you preach induces feelings of hypocrisy, which is a form of cognitive dissonance.[3] Cognitive dissonance has been shown to produce "self persuasion," a powerful and relatively permanent form of persuasion.[4] We propose that inducing people to realize they are not practicing what they are preaching cuts off the easy route of denial and forces them to make a more realistic assessment of the risk of AIDS and, ultimately, to take adequate precautions.

Method

To test this hypothesis, it was necessary to manipulate the degree to which subjects were made aware of their own insufficient condom use and the degree to which they took an active role in preaching to others. In a two-by-two laboratory experiment, 40 female and 40 male sexually active young adults were randomly assigned to condition, counterbalanced by gender.

Upon entering the lab, all subjects were told they would be helping to develop an AIDS prevention program. Half the subjects (*high mindful*) were asked to describe fully the situations in their recent past when they failed to use condoms; half of this subgroup then went on to the preach condition. The other half of the subjects (*low mindful*) simply went directly to the preach condition without any reference to their own sexual behavior.

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In the preach condition, half the high mindful and half the low mindful subjects were induced to compose a short speech (from a menu of facts) advocating condom use and to deliver it in front of a television camera. They were told this tape would be shown to high school students as part of an AIDS prevention program. The other half of the subjects (no preach) used the same menu of facts to compose a speech; these subjects rehearsed their speeches silently and were not videotaped. Thus, all subjects were exposed to the same information, but only those in the preach condition believed they were actively persuading others.

All subjects then answered questions about the frequency of their condom use in the past, as well as about their intentions to use condoms in the future. The difference between the two questions can be seen as a measure of how much an individual intends to improve his or her condom use in relation to past behaviors.

Results

The results showed support for the effectiveness of hypocrisy and are summarized in Figure 1. On the first measure, subjects in the hypocrisy condition were more likely to admit to their failure to use condoms enough in the past. This indicates that our procedure enabled subjects to overcome denial. Although a ceiling effect prevented us from documenting any possible differences on the future intentions measure, the difference between responses on the two questions indicates that the hypocrisy condition yielded a better index of improvement than any of the other conditions.

In addition to the immediate measures, we contacted subjects after 3 months and asked them about their recent condom use (Table 1). Because a sizable proportion of the subjects could not be located, statistical testing was inappropriate. Nevertheless, the obvious difference in the size of the means suggests that hypocrisy might be the most effective route to long-term behavior change.

These findings may have important implications for AIDS interventions that rely on the passive reception of communication. Specifically, when it comes to acknowledging personal risk of human immunodeficiency virus infection, simply learning about AIDS does not appear to motivate people to overcome denial and examine their risk objectively. Our information-only condition, which most closely resembles passive information, was the least effective intervention. The people within this category remained in a state of denial and were unwilling or unable to admit that AIDS was a serious threat to them personally. Additionally, learning about AIDS even when the information is directly linked to personal behavior does not appear to motivate people to examine their risk objectively, nor does simply advocating safe sex. Our data suggest that making people aware of their past high-risk behaviors must be accompanied by an engaging activity such as a public advocacy if we want them to overcome denial and adopt safer sexual behavior.

The hypocrisy technique can easily be applied to most secondary school classes on sex education or AIDS prevention. Based on our results, we suggest that lectures be supplemented by small group discussions in which each student is induced to make a public attempt to persuade others about the importance of safe sex and, subsequently, to acknowledge his or her past laxity. □

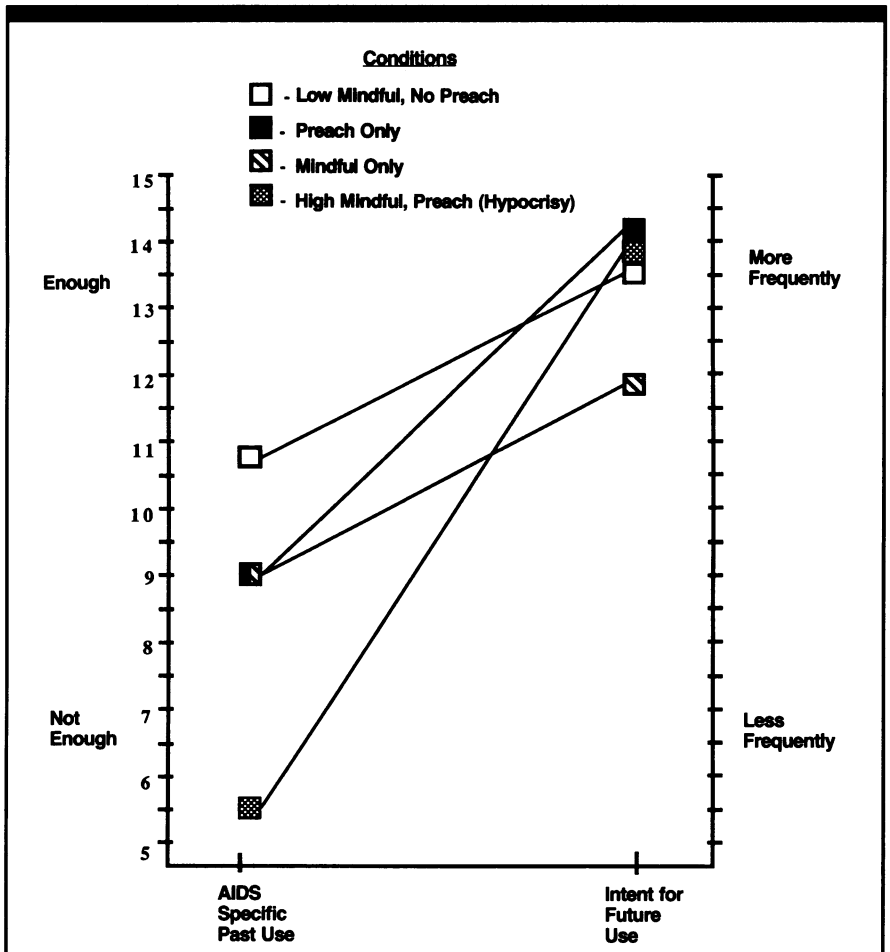

FIGURE 1—Mean responses to questions about past and future use of condoms.

TABLE 1—Sample Size and Mean Responses Indicating the Percentage of the Time Condoms Were Used Since Subjects Participated in Study

	Follow-Up Interview for Self-Report at 3 Months			
	Condom Use in General		Condom Use to Prevent AIDS	
Condition	%	(n)	%	(n)
Hypocrisy	63.90	(9)	35.84	(12)
Salience only	26.25	(8)	25.00	(8)
Speech only	55.56	(9)	22.78	(9)
Information only	50.50	(6)	18.40	(10)

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Knowledge about HIV and Behavioral Risks of Foreign-Born Boston Public School Students

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ABSTRACT

In 1990, 3049 Boston public middle and high school students were surveyed anonymously in English, Spanish, Vietnamese, Chinese, French, or Haitian Creole. Significantly fewer immigrant students, 35% of those surveyed, knew the principal modes of human immunodeficiency virus transmission. Fewer immigrants reported having sexual intercourse (31% vs 53% of nonimmigrants), but among the sexually active only 38% always used condoms, and more immigrants reported intercourse with intravenous drug users (4% vs 1% of non-immigrants). AIDS education should be taught to immigrant students in their native languages. (*Am J Public Health.* 1991; 81:1638–1641)

Introduction

Sixteen million mainland US residents age 18 and older were born elsewhere.[1] Many are Blacks or Hispanics who moved to urban areas where the incidence of AIDS has been particularly high, e.g., New York City, Miami, and Los Angeles. Little is known about their knowledge of human immunodeficiency virus-1 (HIV-1), drug use, and sexual behaviors.

Studies of adolescents particularly are needed. One fifth of the 186 895 AIDS cases nationally as of September 1991 have been in the 16 to 29-year-old age group.[2] Given the long incubation period of HIV-1, many persons in this age group probably became infected as teenagers.

This study compares middle and high school students in the Boston public schools who were born outside the US mainland with students born in the US concerning knowledge about HIV-1 transmission; beliefs about the number of adolescents who engage in risky sexual practices and drug use; and intravenous (IV) drug use, sexual intercourse, and condom use.

Methods

In May 1990, 3049 students from a random sample of Boston public schools (13/19 middle schools and 9/15 high schools) completed a self-administered questionnaire about these topics in English (n = 2704), Spanish (n = 158), Chinese (n = 45), Vietnamese (n = 50), or French or Haitian Creole (n = 92). Translation and independent back translation ensured accuracy of questionnaire wording.

We attempted to survey all 8th and 10th grade students in selected schools. In response to an informational letter about the survey sent to parents of eligible students, 75 parents (1.5%) requested that their children not participate. On the day of the survey 11% of middle school students and 23% of high school students were absent. Among students in attendance, 81% (n = 1382) in middle schools and 73% (n = 1667) in high schools completed the questionnaires, (overall response rate = 77%). Most nonresponse resulted from teachers not scheduling time to administer the survey. The gender, racial, and ethnic distributions of surveyed students closely matched those enrolled in the 8th and 10th grades in the targeted schools and in the Boston school system (Table 1). The questionnaires were anonymous and were placed by students in

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Editor's Note. See related Editorial by Hinman on page 1557.